

57100

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

015-

SFUND RECORDS CTR

999000628

## PRODUCER OF WASTE (Must be filled by producer)

Name: AlcoaPick up Address: 5151 Alcoa

Telephone Number: ( )

P.O. or Contract No.:

Order Placed By:

Date: 5-11-78

Type of Process

which Produced Wastes: Equip Cleaning(Examples: metal plating, equipment cleaning, oil drilling -  
wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution2. ☐ Alkaline solution3. ☐ Pesticides4. ☐ Paint sludge5. ☐ Solvent6. ☐ Tetraethyl lead sludge7. ☐ Chemical toilet wastes8. ☐ Tank bottom sediment9. ☐ Oil10. ☐ Drilling mud11. ☐ Contaminated soil and sand12. ☐ Cannery waste13. ☐ Latex waste14. ☒ Mud and water15. ☐ Brine☐ Other (Specify)

Components:

(Examples: Hydrochloric acid, lime, caustic soda,  
phenolics, solvents (list), metals (list),  
organics (list), cyanide)

Upper

Concentration:

Lower

%

ppm

1.

2.

3.

4.

5.

6.

## Hazardous Properties of Waste:

pH 7☒ none☐ toxic☐ flammable☐ corrosive☐ explosiveBulk Volume: 100☐ gal☐ tons☒ barrels  
(42 gal.)☐ other

Containers:

(NUMBER)

☐ drums☐ cartons☐ bags☐ other

Physical State:

☐ solid☒ liquid☐ sludge☐ other

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

## HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 5-11-78(DATE) 15Time: 5☐ am  
☐ pm

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.:

No. of Loads or Trips: 100Unit No. 5Vehicle: ☒ vacuum truckbarrels, ☐ flatbed, ☐ other

(SPECIFY)

The described waste was hauled by me to the disposal  
facility named below and was accepted.I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Openlands (M)

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable  
material under the terms of RWQCB requirements, State Department of Health regulations, and  
local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery☐ treatment (specify):

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify):☐ pond☐ spreading☐ landfill☐ injection well☐ other (specify):

If waste is held for disposal elsewhere specify time/location:

Disposal Date:

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of  
Health with monthly fee reports.FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name:

BILLING COPY